



Friends of the CAMBRIDGE PUBLIC LIBRARY

Membership Enrollment

Please print.

Date: _____

At what level would you like to join the Friends?

<input type="checkbox"/> Friend \$25	<input type="checkbox"/> Ardent Friend \$125	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Family Friend \$40	<input type="checkbox"/> Best Friend \$250	
<input type="checkbox"/> Devoted Friend \$75	<input type="checkbox"/> Business Friend \$500	

If your employer matches gifts, please provide its name and address:

- Please make checks payable to the Friends of the Cambridge Public Library.
- All donations are tax deductible.
- Memberships expire at the end of the calendar year.
- If dues are received on or after October 1, membership extends through the following year.
- As a member you will receive the Library newsletter, *On and Off Broadway* (unless you opt out here: _____).

title (Mr., Ms., etc.) _____	title (Mr., Ms., etc.) _____
first name(s) _____	first name(s) _____
middle name _____	middle name _____
last name _____	last name _____
suffix (Jr., etc.) _____	suffix (Jr., etc.) _____

To what name(s) would you like your mail to be addressed? _____

street address, P.O. box, etc. _____

city, state, & zip code

city _____ state _____ zip code _____

telephone number(s)
(identify as home, cell, etc.) _____

e-mail address(es) _____

Volunteer Opportunities

Please indicate if you are interested in volunteering with the Friends. In a joint membership, please specify which people are interested in which activity.

<input type="checkbox"/> Book Sale	<input type="checkbox"/> Garden Tour	<input type="checkbox"/> Other _____
<input type="checkbox"/> Clerical Support	<input type="checkbox"/> Membership	
<input type="checkbox"/> Fund-raising	<input type="checkbox"/> Publicity or Public Relations	

Thank you for supporting the Cambridge Public Library.

E-0411A2

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